



24-118014

AKNTARE

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF 16 SARASOTA	<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input checked="" type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER		
CITY (IF APPLICABLE) UNINCORPORATED	AGENCY NAME SARASOTA COUNTY SHERIFFS OFFICE		
		AGENCY # 1600	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
COMPLAINT (RETAINED BY COURT)			
DAY OF WEEK MON	MONTH 12	DAY 30	YEAR 2024
3:55 PM			
NAME (PRINT) FIRST PAUL		MIDDLE STUART	LAST SPRINGER
STREET 615 ROMA RD			
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE <input checked="" type="checkbox"/>			
CITY VENICE		STATE FL	ZIP CODE 34285
TELEPHONE NUMBER (810)923-5036	DATE OF BIRTH MO 6 DAY 16	YR 1951	RACE W SEX M HGT 5' 10"
DRIVER LICENSE NUMBER S 1 6 5 6 7 6 7 7 4 5 0			
YR VEHICLE 2024	MAKE CADI	STYLE SU	COLOR SILVER - SI
VEHICLE LICENSE NO DV6611A	TRAILER TAG NO	STATE MI	YEAR TAG EXPIRES
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY CORTINA BLVD AT CENTER RD 27.079021 -82.421496- TRAVELING S			
FT _____ MILES _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF NODE _____			
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.			
<input type="checkbox"/> UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH			
<input type="checkbox"/> INTERSTATE <input type="checkbox"/> SCHOOL ZONE <input type="checkbox"/> CONSTRUCTION WORKERS PRESENT)			
SPEED MEASUREMENT DEVICE:			
<input checked="" type="checkbox"/> CARELESS DRIVING <input type="checkbox"/> CHILD RESTRAINT <input type="checkbox"/> EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS			
<input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE <input type="checkbox"/> SAFETY BELT VIOLATION <input type="checkbox"/> EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS			
<input type="checkbox"/> FAILURE TO STOP AT A TRAFFIC SIGNAL <input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT <input type="checkbox"/> NO VALID DRIVER LICENSE			
<input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE <input type="checkbox"/> EXPIRED TAG SIX (6) MONTHS OR LESS <input type="checkbox"/> DRIVING UNDER THE INFLUENCE			
<input type="checkbox"/> NO PROOF OF INSURANCE <input type="checkbox"/> EXPIRED TAG MORE THAN SIX (6) MONTHS <input type="checkbox"/> Passenger Under 18 Yrs.			
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY <input type="checkbox"/> DRIVING WHILE LICENSE SUSPENDED OR REVOKED			
<input type="checkbox"/> IMPROPER PASSING			
OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE: CRASH - TURNED BEFORE INTERSECTION WAS CLEAR OF OTHER VEHs - CARELESS DRIVING			
RE-EXAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DL SEIZED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<input type="checkbox"/> AGGRESSIVE DRIVING		IN VIOLATION OF STATE STATUTE	SECTION 316.1925 SUB-SECTION (1)
CRASH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY DAMAGE <input checked="" type="checkbox"/> YES \$ 2000 <input type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<input type="checkbox"/> CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED. AS INDICATED BELOW.			
<input type="checkbox"/> INFRACTION, COURT APPEARANCE REQUIRED. AS INDICATED BELOW.			
<input checked="" type="checkbox"/> INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.			
CIVIL PENALTY IS \$166.00			
COURT INFORMATION			
DATE _____ TIME _____			
SARASOTA COUNTY TRAFFIC VIOLATIONS - MAIL CHECKS TO: P.O. BOX 3079 SARASOTA,			
COURT SARASOTA FL			
LOCATION 2000 MAIN STREET			
34237 (941) 861-7400 WWW.SARASOTACLERK.COM			
ARREST DELIVERED TO _____ DATE _____			
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.			
X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)			
DEP. J GOODALL-NOBLE 3845 3845 S4			
RANK-NAME OF OFFICER _____ BADGE NO _____ ID NO _____ TROOP UNIT _____			
<input checked="" type="checkbox"/> I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE			

HSMV 75901 (REV. 06/22)
ELECTRONIC REPORT

COMPLAINT

WHEN PRESENTED TO VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.

PAY A CIVIL PENALTY IN THE AMOUNT OF \$

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____
	SIGNATURE OF PERSON GIVING BAIL _____
	SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. _____
	SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE)
	PLEA: _____
	FINDING: _____
	ADJUDICATION: _____
	SENTENCE: FINE _____ COST _____
	JAILED _____ DAYS
	DRIVER IMPROVEMENT SCHOOL _____
	OTHER _____
	DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS
	RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS
	RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE →